

## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

05/06/2004

Finnegan, Henderson, Farabow  
 Garrett & Dunner, L.L.P.  
 1300 I Street, N.W.  
 Washington, DC 20005-3315



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/972,054	10/09/2001	Jonathan S. Stinson	06530.0286	3874

TITLE OF INVENTION: MEDICAL STENT WITH A VALVE AND RELATED METHODS OF MANUFACTURING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/06/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SNOW, BRUCE EDWARD	3738	623-023700			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Finnegan Henderson  
 2 Farabow Garrett &  
 3 Dunner, L.L.P.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCIMED LIFE SYSTEMS, INC.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ A check in the amount of the fee(s) is enclosed.
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Leslie I. Bookoff (Date) August 5, 2004  
Reg #: 38,084

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